BRADLEY HEALTH/REHABILITATION CENTER

6735 WEST BRADLEY ROAD

Phone: (414) 354-3300 MILWAUKEE 53223 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Yes Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/02): 198 Total Licensed Bed Capacity (12/31/02): 255 167 Average Daily Census: 165 Number of Residents on 12/31/02:

************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care 29.9 Supp. Home Care-Household Services No | Developmental Disabilities 0.0 | Under 65 9.6 | More Than 4 Years No | Mental Illness (Org./Psy) 21.6 | 65 - 74 25.1 | Day Services Yes| Mental Illness (Other) 28.7 | 75 - 84 31.7 | Respite Care Adult Day Care No | Para-, Quadra-, Hemiplegic 1.2 | 95 & Over 9.6 | Full-Time Equivalent Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 1.8 | 0.6 No | Fractures 100.0 | (12/31/02) Home Delivered Meals Other Meals No | Cardiovascular No | Cerebrovascular No | Diabetes Transportation 10.2 | Sex % | LPNs Referral Service No | Respiratory 21.6 | ----- | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 0.0 | Male 35.3 | Aides, & Orderlies 46.4 ; 0.0 | Male ---- | Female 64.7 | ---- | Mentally Ill Provide Day Programming for Developmentally Disabled No | 100.0 | ************************************

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care							
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	18	100.0	336	6	4.5	131	0	0.0	0	8	100.0	195	0	0.0	0	0	0.0	0	32	19.2
Skilled Care	0	0.0	0	127	94.8	112	0	0.0	0	0	0.0	0	6	100.0	112	1	100.0	350	134	80.2
Intermediate				1	0.7	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		134	100.0		0	0.0		8	100.0		6	100.0		1	100.0		167	100.0

BRADLEY HEALTH/REHABILITATION CENTER

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Admissions, Discharges, and	١	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									
Deaths During Reporting Period											
					% Needing		Total				
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of				
Private Home/No Home Health	5.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	6.5	Bathing	0.0		38.3	61.7	167				
Other Nursing Homes	9.7		8.4		28.7	62.9	167				
Acute Care Hospitals	76.6	Transferring	6.0		58.7	35.3	167				
Psych. HospMR/DD Facilities	1.3	Toilet Use	7.2		32.9	59.9	167				
Rehabilitation Hospitals	0.0	Eating	35.9		29.3	34.7	167				
Other Locations	0.6	******	*****	*****	****	******	*****				
Total Number of Admissions	154	Continence		용	Special Treat	tments	%				
Percent Discharges To:		Indwelling Or Externa	al Catheter	9.6	Receiving 1	Respiratory Care	1.8				
Private Home/No Home Health	3.8	Occ/Freq. Incontinent	t of Bladder	55.7	Receiving '	Tracheostomy Care	0.6				
Private Home/With Home Health	33.1	Occ/Freq. Incontinent	t of Bowel	58.1	Receiving :	Suctioning	1.2				
Other Nursing Homes	1.9				Receiving (Ostomy Care	3.0				
Acute Care Hospitals	17.2	Mobility			Receiving '	Tube Feeding	6.6				
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	4.2	Receiving D	Mechanically Altered Diets	21.0				
Rehabilitation Hospitals	0.0										
Other Locations	8.3	Skin Care			Other Reside	nt Characteristics					
Deaths	35.7	With Pressure Sores		6.6	Have Advance	ce Directives	72.5				
Total Number of Discharges		With Rashes		7.2	Medications						
(Including Deaths)	157				Receiving 1	Psychoactive Drugs	73.1				

		Ownership:			Size:	Licensure:					
	This	Pro	prietary	2	00+	Ski	lled	All			
	Facility	Peer Group		Peer Group		Peer Group		Facilities			
	90	olo	Ratio	%	Ratio	olo	Ratio	ଚ	Ratio		
Occupancy Rate: Average Daily Census/Licensed Bed	ds 64.7	81.9	0.79	80.4	0.80	84.2	0.77	85.1	0.76		
Current Residents from In-County	97.0	83.1	1.17	83.5	1.16	85.3	1.14	76.6	1.27		
Admissions from In-County, Still Residing	42.2	18.8	2.25	25.1	1.68	21.0	2.01	20.3	2.08		
Admissions/Average Daily Census	93.3	182.0	0.51	101.8	0.92	153.9	0.61	133.4	0.70		
Discharges/Average Daily Census	95.2	180.8	0.53	107.7	0.88	156.0	0.61	135.3	0.70		
Discharges To Private Residence/Average Daily Cer	nsus 35.2	69.3	0.51	34.2	1.03	56.3	0.62	56.6	0.62		
Residents Receiving Skilled Care	99.4	93.0	1.07	89.6	1.11	91.6	1.08	86.3	1.15		
Residents Aged 65 and Older	90.4	87.1	1.04	90.9	0.99	91.5	0.99	87.7	1.03		
Title 19 (Medicaid) Funded Residents	80.2	66.2	1.21	68.5	1.17	60.8	1.32	67.5	1.19		
Private Pay Funded Residents	4.8	13.9	0.35	18.7	0.26	23.4	0.20	21.0	0.23		
Developmentally Disabled Residents	0.0	1.0	0.00	0.7	0.00	0.8	0.00	7.1	0.00		
Mentally Ill Residents	50.3	30.2	1.67	38.5	1.31	32.8	1.53	33.3	1.51		
General Medical Service Residents	0.0	23.4	0.00	16.9	0.00	23.3	0.00	20.5	0.00		
Impaired ADL (Mean)	69.8	51.7	1.35	52.1	1.34	51.0	1.37	49.3	1.42		
Psychological Problems	73.1	52.9	1.38	54.1	1.35	53.9	1.35	54.0	1.35		
Nursing Care Required (Mean)	6.0	7.2	0.83	7.7	0.77	7.2	0.83	7.2	0.83		